





Presence signifies always being accessible, even telephonically, even during holidays: A glimpse into the experiences of oncology nurses

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Abstract

Background: The presence of nurses plays a crucial role in ensuring patient safety and delivering necessary nursing care. This study aimed to explore the process of nurses' presence at patients' beds in cancer wards.

Methods: Employing a grounded theory approach, this qualitative study was conducted in a cancer ward, involving 34 participants including nurses, patient companions, and hospital staff. Participants were purposefully selected for their involvement. Interactive interviews were conducted for data collection, and data analysis followed the approach proposed by Corbin and Strauss in 2015.

Results: The data analysis revealed the core category of "Striving to be with the patient", which encompassed the following axial categories: "Challenges of accompanying patients with diverse needs" (Context), "Striving to be with the patient" (Process), "Motivational factors driving the desire to be with the patient" (Mediating facilitator), "Difficulties encountered in maintaining patient presence" (Mediating inhibitor), and "Mixed feelings of satisfaction and sorrow accompanying the presence" (Outcome).

Conclusion: Nurses in oncology wards demonstrate tremendous dedication as they strive to maintain a delicate equilibrium between their own emotional well-being and the diverse needs of their patients. This task can be highly demanding, but through the implementation of customized strategies and drawing inspiration from personal sources, these nurses effectively navigate the emotional challenges associated with patient care.

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Highlights

What is current knowledge?

Oncology nurses bear the weight of caring for cancer patients facing immense physical and emotional challenges. These patients grapple with pain, suffering, and the possibility of mortality, while the nurses navigate a demanding and stressful environment.

What is new here?

Nurses in the oncology department encounter motivational challenges and difficulties in their endeavor to be present and be with the patient due to the diverse needs of patients, ultimately resulting in a presence accompanied by mixed feelings of satisfaction and sorrow.

Introduction

Nurse presence is a fundamental aspect of care, a foundational concept in all nursing interventions (1,2). Presence is a way that supports and nurtures the therapeutic environment. The idea of presence is heavily emphasized in the fields of existential and humanistic methods. Being in a state of presence allows the therapist to truly connect with their client's healthy aspect and activates that relationship (3).

Supporting and cultivating the therapeutic environment can be achieved through presence. A competent nurse will be at the bedside and provide bedside services (2). A nurse determines whether to be physically present only, observe an event from a distance, or go beyond the physical realm to engage with the patient's experience. A nurse must identify the care recipient's request for presence. Drawing upon abilities and previous experiences, interpret the clear and subtle cues of the care recipient, mitigate environmental factors, and pause to focus on a wide array of options, determining the appropriate level of presence. (4).

Cancer is a chronic illness with recurring stages and lengthy treatment, and its prevalence is on the rise. When someone is diagnosed with cancer, it creates countless needs not only for the patient, but also for their family and caregivers. Fulfilling many of these needs for patients and their loved ones wouldn't be possible without the help and support of a healthcare team (5).

While presence is acknowledged as a positive phenomenon, some questions remain regarding the implementation of this intervention in today's clinical settings. Qualitative research methods can effectively address foundational gaps left by quantitative techniques (6). This study was conducted with the aim of elucidating the process of nurses' presence on the beds of cancer patients.

Methods

This study is qualitative research utilizing grounded theory. This method aims to discover and explicate fundamental social processes and has been utilized to study significant phenomena in the nursing profession. The research was conducted in 2018 at two educational hospitals in Northern Iran. A purposive and theoretical sampling approach was utilized to select thirty-two participants consisting of nurses, hospital staff, and patient companions. Of the participants, 81.2% were female. Nurses with a minimum of one-year work experience in the oncology department were invited to participate in the research. The average duration of interviews was 45 minutes, conducted at a location chosen by the participants in one of the hospital rooms. The primary interview question asked was, "Can you please describe the tasks you carry out for your patients in your assigned ward?" This was subsequently followed by a series of in-depth and exploratory questions. Field notes were also taken for data collection. Data analysis was done manually and using One Note software version 2007. The data analysis in this study utilized the Corbin and Strauss 2015 method (7), and to ensure the trustworthiness of the study, the proposed criteria of credibility, transferability, dependability, and confirmability by Guba and Lincoln (8) were employed.

Results

The data analysis revealed the core category of "Striving to be with the patient", which encompassed the following axial categories: "Challenges of accompanying patients with diverse needs" (Context), "Striving to be with the patient" (Process), "Motivational factors driving the desire to be with the patient" (Mediating facilitator), "Difficulties encountered in maintaining patient presence" (Mediating inhibitor), and "Mixed feelings of satisfaction and sorrow accompanying the presence" (Outcome) (Table 1).

Challenges of accompanying patients with diverse needs

Nurses encountered patients who, due to chronicity and poor prognosis, had extensive and wide-ranging needs for nursing presence at the patient's bedside. Nurse presence was often requested by the patient. Upon hearing the patient's request for presence, nurses would attend to the patient's bedside either as a companion or through the nurse call system.

"Oncology departments have patients with various needs. They need a lot of attention. Just talking to them. Listening to their words well, being with them well..." (P. 9)"

Striving to be with the patient

Nurses encounter patients with diverse physical, psychological, economic, and social needs when providing care at the bedside. Being available, striving for

dignified presence, and serving as a supportive umbrella embody the nurses' commitment in their efforts to be present with the patient.

"The presence means I am always available, even by phone, even during holidays. Just the fact that the patient emotionally feels a step better is significant..." (P. 4)

Motivational factors driving the desire to be with the patient

The nurses believed that being spiritually connected to the patient, demonstrating compassion and dedication, and establishing a relational factor for sustained presence were motivational aspects influencing their presence at the patient's bedside. They were of the conviction that they were chosen by the Almighty for nursing in this department and for these patients. Strengthening this specific belief provided them with an enhanced motivation for being present at the patient's bedside, delivering compassionate and safe care, and remaining in the oncology ward.

"...Our salaries are blessed due to the prayers of these patients. We have never lacked in our lives! All of this is a result of the Almighty's attention towards us..." (P. 31)

Difficulties encountered in maintaining patient presence

Participants expressed that the work environment and the obligatory responsibilities posed challenges and difficulties in the presence at the patient's bedside. Nurses, when present at the patient's bedside, are exposed to various occupational violence. Physical violence is less prevalent compared to other forms of violence, with most instances arising from relatives due to the deteriorating condition and death of patients, leading to stress and distress.

"We had a patient who suddenly went into arrest, expired; his father slapped me under my ear in front of everyone." (P. 6)

"We need to take leave because the mortality ward has a lot of deaths, which really affects our morale..." (P. 5)

Mixed feelings of satisfaction and sorrow accompanying the presence

The majority of nurses facing the challenges of "being with the patient" have successfully provided companionship and care to patients through their dedication. This care exists amidst the potential decline in physical and mental well-being resulting from providing psychological support to suffering and desperate patients, as well as the physical strains arising from caregiving issues.

"You open the door of the room, you look at them, he waves his hand at you and says, 'I'm fine, I'm fine... your mind is calm, it means the patient is healthy...' (P. 1)

"... it is as if the patient becomes a part of our family, an emotional feeling is created between us. When they finally die, we feel very hurt. We cry... sometimes we get depressed, we remember all the memories of the patient..." (P. 26)

Table 1. Themes and categories extracted from the data analysis

Core category	Axial categories	Primary categories
Striving to be with the patient	Challenges of accompanying patients with diverse needs (Context)	Diversity of needs
		Diverse conditions for being with the patient
	Striving to be with the patient (Process)	Availability
		Striving for dignified presence
		Nurses' supportive umbrella
	Motivational factors driving the desire to be with the patient (Mediating facilitator)	Being with the patient; based on spirituality
Being with the patient; coupled with compassion and commitment		
Relationship; a factor for consistent presence		
Difficulties encountered in maintaining patient presence (Mediating inhibitor)	Stressful and tense work environment	
	Duty and right obligation challenge	
Mixed feelings of satisfaction and sorrow accompanying the presence (Outcome)	Satisfaction coupled with assurance	
	Nurses exposed to the deterioration of physical and mental health	

Discussion

This study aimed to explore the phenomenon of nurses' presence at the bedside of cancer patients, focusing on the challenges that emerge from the various needs and circumstances that require such presence. Nurses identified situations where individuals were emotionally unprepared to be present at the patient's bedside. A prevailing belief was observed among staff in oncology wards that nurses were appointed for their roles through divine intervention, leading to a dual incentive to deliver empathetic and reliable care. This commitment to values can have a substantial impact on care delivery and patient outcomes, ultimately contributing to satisfaction and a peaceful end-of-life experience, a key goal in end-of-life care (9).

One of the strategies employed by cancer nurses was striving to be present with the patients, responding to their needs. The concept of availability encompassed the physical presence of nurses and prompt responsiveness to patient requests. Nurses viewed patients as family members, sharing contact information for easy access, fostering comfort, and promptly meeting patient

needs. Hobbs' study highlighted the close bond between nurses and patients, with patients being regarded as integral family members. (10).

The participants highlighted the importance of knowledge and clinical skills as essential requirements for nursing in the oncology department and providing bedside care, a notion supported by studies by Solera-Gómez et al (11). Consequently, there is a recognized need for assessing requirements and planning training courses tailored to address the personal, occupational, and organizational needs of nurses, aiming to enhance their professional expertise and skills.

Participants' experiences suggest that they offer comprehensive support to cancer patients, fostering inner peace and hope. Additionally, research by Scotté et al. highlighted the significance of financial, emotional, and counseling support in addressing the challenges faced by individuals with cancer (12).

Nurses, through their presence at the patient's bedside and ensuring patient safety, not only provide mutual comfort for themselves and patients but also foster mutual satisfaction. Comfort emerges as a consequential outcome of nursing actions, holding significance in patient care. Conversely, patient dissatisfaction with nursing services can significantly impact their quality of life (13).

The participants discussed the challenges they encounter in their work environment, such as stressors like patient mortality, prolonged illnesses, medication side effects, and the physical and emotional distress patients undergo during treatment. Research shows that fatigue among nurses working in oncology wards is frequently associated with emotional factors (14). It is clear that personal emotional involvement in nurse-patient relationships can lead to fatigue and stress among nurses (15).

In summary, based on the findings of this study, the primary concern and anxiety of the participants, highlighted as a fundamental social issue in this study, is the imbalance between supply and demand regarding the necessity of being with the patient. This is addressed by striving to be with the patient, which includes being available, striving for suitable attendance, and providing a supportive environment. Implementing these strategies by nurses can lead to increased confidence and satisfaction alongside mitigating concerns.

While the study findings were specific to a limited population of nurses in the oncology department, they offer valuable insights for nursing managers in oncology centers to bolster nurse presence. Recommendations include organizing training programs to optimize nurses' effectiveness at the bedside of cancer patients. Future research could focus on developing tools to support nurses in their presence at the bedside of cancer patients.

Conclusion

Nurses' presence in the oncology department was accompanied by assurance and satisfaction juxtaposed with distress. Screening, identification, and referral of nurses exposed to psychological issues to competent specialists, along with follow-up to enhance the mental well-being of these patients and the provision of welfare and financial resources to prevent these issues from escalating further among nurses in the oncology department, are other aspects that can be realized based on the findings of the current study.

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Ethical statement

This study adhered to all ethical considerations, encompassing confidentiality and informed consent. Ethics approval: IR.GOUMS.REC.1395.30

Conflicts of interest

There is no conflict of interest to disclose.

Author contributions

Both authors have significantly contributed to all aspects of the research, including conceptualization and writing, from inception to final article production.

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